

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10555848

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2	1		1				
3	3		1				
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50							
TOTAL IND.			↓	↓	↓		
TOTAL DEP.			←	↑	←	←	
TOTAL CLAIMS			0	0	0	0	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.					↓	↓	
TOTAL DEP.			←	↑	←	←	
TOTAL CLAIMS			0	0	0	0	